FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR
Date 6/13/11 Time: 2:00 P.M. Location: 3714 Hisport RD.
Please Circle Appropriate Action: New Line Installation / Line Repair Service Line
NEW LINE INSTALLATION:
Were State approved or AWWA Standards Followed: (YES / NO) Detailed summary of disinfection procedure used (Use back of page if needed):
Chlorine Residual Prior to Initial Flush: Date / Time of Initial Flush: Length of Time of Initial Flush: Chlorine Residual after Flush:
Water Supply (WS) Project Number:
FOR LINE REPAIRS:
Interruption of Water Service: YES VO NO Number of CustomersAffected
Main Size: 6 "PVC Repaired Under Pressure: YES NO
For partially or fully de-watered mains:
Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO) Time Water Main Valved Off (positive pressure removed): am / pm
Nature of Leak or Break: Plastic Typi Service leaking of Mut Replaced Sandre
Were State approved or AWWA Standards Followed: (YES, NO) Detailed summary of repair procedure used (Use back of page if needed):
Was water main contaminated during the repair process? (YES NOP Disinfection Procedure / Calculations (Use back of page if needed):
Amount of Time Line Flushed: Minutes Ending Chlorine Residual: mg/L
Bacteriological Sample Collected: YES NO Results**: (**Attach copy of results to record)
Date / Time Water Main Returned to Service: am / pm
Additional Comments:

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